COLLEGE OF PULMENTS	2014-2015 FEDERAL DIRECT STAFFORD LOAN REQUEST FORM Application for Unsubsidized Federal Direct Loan			
Student Name: Last Name/First Name/Middle initial	(please print)	SSN(las	t 4 digits):	Phone #:
Home Address:				Class of (check one): 2015 2016 2017
	City	State	Zip	
Personal Email Address:				
School Email Address:				

## MAXIMUM ANNUAL FEDERAL LOAN LIMITS FOR GRADUATE STUDENTS

Enrollment Period	ANNUAL LIMIT			
Full Borrower Based Academic Year**	Unsubsidized Loan \$33,000			
**Amounts could be reduced if you attend less than a full academic year				

Direct Unsubsidized Stafford Loan—A federally guaranteed loan that is not based on financial need. Interest will accrue from the time the loan is disbursed to Appalachian College of Pharmacy. You do not have to make interest or principal payments until six months after graduation, you drop below half time status or cease enrollment, but doing so can save you money. If you choose not to pay the interest

while you are in school, the interest is capitalized when the loan enters repayment. The interest rate is fixed at 6.80%. It is recommended that students make the interest payments while they are in school to avoid the interest being capitalized and added to the principle of the loan.

## LOAN REQUEST

Please indicate the dollar amount of your loan request: \$\_\_\_\_\_\_ Federal Unsubsidized Direct Loan

## Please indicate the term(s) you anticipate borrowing for:

Class of 2015	Fall 2014	Spring 2015
Class of 2016	Spring 2015	Summer 2015
Class of 2017	🗌 Fall 2014	Spring 2015

## Loan Reminders:

- All students, regardless of income must complete the FAFSA before a loan can be processed •
- Please borrow responsibly
- If you are borrowing for the first time and have not already done so, please complete your Online Entrance Counseling and Electronic Master Promissory Note (MPN) on the Federal Direct Loan Servicing website: https://studentloans.gov
- Please refer to the William D. Ford Federal Direct Loan Program Information Sheet for important information

I have read and understand the terms and conditions regarding the loan programs offered and I authorize Appalachian College of Pharmacy to certify my loan on my behalf.

Student's Signature:\_\_\_\_\_

Date:

Please email completed form to ACP Processing Center : ACP-FAO@financialaidservices.org Revised 11262013 FAS/DYP